

State of Utah - Labor Commission**Division of Adjudication**160 East 300 South, 3rd Floor, P.O. Box 146615

Salt Lake City, Utah 84114-6615

(801) 530-6800

laborcommission.utah.gov

Note: PLEASE TYPE OR PRINT IN BLACK INK

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| <p>_____ Petitioner</p> <p>_____ Name of Deceased Employee</p> <p>Vs.</p> <p>_____ Respondent (employer)</p> <p>_____ Respondent's mailing address</p> <p>_____ City, State and Zip Code</p> <p>_____ Respondent's phone number</p> <p>_____ Respondent's workers' compensation insurance carrier</p> | <p align="center">APPLICATION FOR DEPENDENT'S BENEFITS and/or BURIAL BENEFITS</p> <p align="center">Occupational Disease Claim</p> <p>If deceased employee was employed for less than one year at his/her last employer where the injurious exposure occurred, you must file a separate Application for Hearing for each previous employer where employee suffered an injurious exposure.</p> <p>(NOTE: Include all supporting documentation when this form is filed with the Labor Commission or the Application for Hearing may be returned)</p> <p>I request to have a Claims Resolution Conference scheduled to resolve the issues checked below</p> <p align="center"><input type="checkbox"/> YES <input type="checkbox"/> NO</p> |
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PETITIONER UNDER TITLE 34A APPLIES FOR DEPENDENT'S BENEFITS and/or BURIAL ALLOWANCE, AND ALLEGES:

- The deceased employee sustained a fatal injury by injurious exposure arising out of and in the course of deceased employee's employment with the above named employer, which injurious exposure occurred from Month ____ Date ____ Year ____ to Month ____ Date ____ Year ____ .
- The injurious exposure occurred at the following location: _____
- The injurious exposure resulted from either the following repetitive work activities, or harmful substances: _____

- The cause of death was: _____
- The decedent's date of death was: Month ____ Date ____ Year ____
- At the time of the industrial accident at issue the decedent's wage was \$ ____ per _____, and decedent was working _____ hours per week. Decedent was ____ was not ____ married and had _____ dependent children.

APPLICATION FOR HEARING

7. The decedent had the following dependents at the time of the industrial accident at issue

| NAME | RELATIONSHIP | BIRTH DATE | PRESENT ADDRESS | SOCIAL SECURITY NUMBER |
|------|--------------|------------|-----------------|------------------------|
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Petitioner verifies that the above information is true and correct to the best of petitioner's information and belief.

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|---|----------------|
| Printed Name of Attorney for Petitioner | State Bar # |
| Signature of Attorney for Petitioner | |
| Mailing Address for Attorney for Petitioner | |
| City/State/Zip Code | |
| Telephone Number | |
| FAX | E Mail Address |

| | |
|-------------------------------------|------|
| Signature of Petitioner | Date |
| Mailing Address of Petitioner | |
| City/State/Zip Code | |
| Petitioner's Telephone Number | |
| Petitioner's Social Security Number | |

If you know the name and address of the adjuster or third party administrator that you have dealt with concerning your claim please include that information:

Name of adjuster or third party administrator

Mailing Address for adjuster or third party administrator

City/State/Zip Code

DOCUMENTS THAT MUST BE FILED WITH APPLICATION FOR HEARING

IMPORTANT: Failure to include completed and signed forms with all requested supporting documentation will result in the Application for Hearing being returned for completion. If the returned Application for Hearing is not completed and refiled with the requested supporting documents within sixty (60) days, the Application for Hearing will be dismissed.

1. **Death Certificate of Decedent.**
2. Marriage Certificate.
3. Birth Certificates of Minor Dependents.
4. Decree(s) of Divorce, if any, for Deceased and Surviving Spouse.
5. Guardianship or Conservatorship Documents for Petitioner (Only required if filing on behalf of minor children other than petitioner's own children).
6. Form 152, "Appointment of Counsel." (Only required if petitioner is represented by an attorney).